

*Supplement Attached*  
**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS  
 STANDARD CERTIFICATE OF BIRTH

State File No. 132

Registered No. 167

PLACE OF BIRTH

Gila

District or Township

Maricopa

State

Arizona

or Village

No. 347-E. Maple St.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Ward

Full name of child Leonora Roll Carrasco

If child is not yet named, make supplemental report, as directed.

Sex of Child

Female

To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date of birth 8-7-1927  
 Month Day Year

FATHER

Full name

Pablo Carrasco

Residence

(Usual place of abode)

If non-resident, give place and state. 347-E. Maple

8. Color or race

Mexican

11. Age at last birthday 31 (Years)

12. Birthplace (city or place)

(State or country)

Old Mexico

13. Occupation

Nature of Industry

Merchant

10. Number of children of this mother

Taken as of time of birth of child herein certified and including this child. 4

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive

at 5:30 a.m. on the date above stated

Signature

G. E. Wightman, Jr., M.D.

Address

Gila, Arizona

(Physician or midwife)

Filed

8-31-27 W. H. Frost

Registrar

Registrar

Month, day, year

Given name added from a supplemental report

336-807-929